

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/572667

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
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16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		7		/		
21		7		/		
22		7		/		
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29		0		/		
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	41	←		←
TOTAL CLAIMS			44			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						